

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			4			
TOTAL DEP.		↓	12	↓	↓	↓
TOTAL CLAIMS			16			

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TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS			↓